U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Through: 12 /31 /2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 7093

3. Name and address of person filing.

Name Michael W. Yarbrough

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 /01 /2004

4. Name, file number, and address of labor organization.

Name Electrical Workers IBEW AFL-CIO

			Labor	Organization File	Number 036-76	5
P.O. B	ox, Bldg., Room No., if any		P.O. I	3ox, Building and	Room Number, if any	,
Street	4308 Berryessa C	ourt	Street	1875 Arn	old Drive	
City	Antioch		City	Martinez		
State	CA	ZIP Code + 4 94509	State	Californ	ia	ZIP Code + 4 94553-4239
5. Positi	on in labor organization.					
	Business Manager					
	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held moneta	an interest in, engaged in t ry value from an employer	ransactions (including loans) with, ownose employees your organizations.	or derived ir ation repre	sents or other e sents or is activ	conomic benefit of ely seeking to repre	sent.
6. Name	and address of Employer (incl	uding trade name, if any).	7.a. Nat	ure of Interest, Tra	insaction, or Income.	
Name						
Trade	Name, if any:					
P.O. B	ox, Bldg., Room No., if any		71. 4			
			7.b. Am	ount.		
Street	·					
City						
State		ZIP Code + 4				
Signature						
submi	tted in this report (including the	undersigned declares, under penalty information contained in any accompative, correct, and complete. (See the	nvina docum	ents), has been ex	camined by the signat	that all of the information ory and is, to the best of the
Signe	· Michael	Garliough	On g	3/8/05	925/228-2	
	- \	/		Date	Te	elephone Number

Name of Person Filing					
Michael W. Yarbrough	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise tealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer				
Street	C. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Atomo					
Mark Cordone, Vice President & Director	Dinner/Diablo Country Club				
P.O. Box, Bldg., Room No., if any					
Street					
2603 Camino Ramon, Suite 200 City San Ramon					
State CA ZIP Code + 4 94583					
13 h Is the Business on E	14.b. Amount of payment.				
13.b. Is the Business an Employer or Consultant X ?	\$100.00				
Form LM-30 (2003)					

Name of Person Filing Michael W. Yarbrough	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise tealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under	or parts A and B about			
or from any labor relations consultant to an employer any payment of money	or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name Mark Cordone, Vice President & Director	Dinner/The Palm/ Washington, D.C.			
Trade Name, if any: Janus Intech				
P.O. Box, Bidg., Room No., if any				
Street 2603 Camino Ramon, Suite 200				
City San Ramon				
State CA ZIP Code + 4 94583				
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.			
i.s. is the Business an Employer or Consultant X ?	\$100.00			

Name of Person Filing Michael W. Yarbrough	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZJP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	·			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name Joseph A. Van Orsdel, Consultant	Go1f			
Trade Name, if any: Rael & Letson				
P.O. Box, Bidg., Room No., if any				
Street 378 Vintage Park Drive				
City Foster City				
State ZIP Code + 4 94404-4813				
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.			

Name of Person Filing Michael W. Yarbrough		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or leading with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to anotherwise	S	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		 - <u>-</u>
Name			
Trade Name, if any:	a. Labor Organizat	tion	
P.O. Box, Bidg., Room No., if any	b. Trust		
Street	C. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value	of such dealing.	·····
City	12.a. Nature of interest held		
State ZIP Code + 4			
	12.b. Amount.		
C Pensived from any and the state of the sta			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Jim McGuire, Vice President, Sales	Golf		
Principal Trade Name, if any: Sierra Investment Partners, Inc			
P.O. Box, Bidg., Room No., if any			
Street 101 Ygnacio Valley Road			
City Walnut Creek			
State CA ZIP Code + 4 94596-4061			!
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.		
	\$55.00		

Name of Person Filing Michael W. Yarbrough	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise lealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	44 h A			
City	Approximate dollar value of such dealing. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trace name, if any).				
Name Jim McGuire, Vice President, Sales Principal	Christmas Gift/Wine Opening Kit			
Trade Name, Fany: Sierra Investment Partners, Inc.				
P.O. Box, Bldg., Room No., if any				
Street 101 Ygnacio Valley Road				
Walnut Creek				
State CA ZIP Code + 4 94596-4061				
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.			
om LM-30 (2003)	\$100.00			

Name of Person Filing Michael W. Yarbrough	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise lealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bidg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City	11.b. Approximate dollar value of such dealing.			
State ZIP Code + 4	12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Jim McGuire, Vice President, Sales				
Principal Trade Name, if any:	Charicators Cife In			
Sierra Investment Partners, Inc. P.O. Box, Bidg., Room No., if any	Christmas Gift/Bottle of Wine			
Street				
101 Ygnacio Valley Road				
wainut Creek				
State CA ZIP Code + 4 94596-4061				
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.			
Form LM-30 (2003)	\$45.00			

Name of Person Filing Michael W. Yarbrough		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or lealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or	5	,	
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organiza	e		
Trade Name, if any:	b. Trust	oon .		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.		
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City	11.b. Approximate dollar value 12.a. Nature of interest held			
State ZIP Code + 4	Value of the least Held	or income received.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Daniel L. Cardoza, Attorney At Law				
Trade Name, if any: Adams & Broadwell	0.1.2.2			
A Professional Corporation P.O. Box, Bldg., Room No., if any P.O. Box 1864	Smoked Salmon		٠	
Street 651 Gateway Boulevard, Suite 900				
City South San Francisco				
State CA ZIP Code + 4 94080				
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.			
Lawyer	\$54.00			